

Registration District No. 561

Primary Registration District No. 5775

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Etterville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
In this community 2 years

3. (a) PRINT FULL NAME ROBERT BENJAMIN WARD

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Maule Ward 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan - 11 - 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Brunley, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Yellow Station Operator

11. Industry or business

12. Name Robert Benjamin Ward
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Martha McLean
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lola M. Ward

(b) Address Etterville, Mo.

17. (a) Burial (b) Date thereof 1/15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation unknown, Mo

18. (a) Signature of funeral director C. L. Basy

(b) Address Etterville, Mo.

19. (a) 1/19/42 (b) W. S. Spemann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Etterville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1942 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Jan 13 1942
that I last saw him alive on Jan 13 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Sudden
Myocarditis 2

Other conditions 942
(Include pregnancy within 3 months of death)

Major findings:
Of operations 942
Of autopsy 942
PHYSICIAN 942
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. D. Waller (M. D. or other)
Address Etterville, Mo. Date signed 1/19/42

RECEIVED
Miller County Health Dept.
County File Number 42-5
Date Filed 2/5/42

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.